# Bill

Received: 09/20/2000	Received By: isagerro
Wanted: As time permits	Identical to LRB:
For: Administration-Budget	By/Representing: Fossum
This file may be shown to any legislator: NO	Drafter: isagerro
May Contact:	Alt. Drafters:
Subject: Public Assistance - med. assist.	Extra Copies: DAK
Pre Topic:	
DOA:Fossum -	
Topic: Chidren's home and community-based waiver	
Instructions: See Attached	

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/3	isagerro 01/05/2001	wjackson 01/06/2001	martykr 01/06/2001	lrb_docadmin S&L 01/07/2001

01/09/2001 01:31:05 PM Page 2

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01/05/2001

wjackson 01/06/2001 Received: 09/20/2000

# 2001 DRAFTING REQUEST

Received By: isagerro

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Subject:

Public Assistance - med. assist.

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Topic:

Chidren's home and community-based waiver

**Instructions:** 

See Attached

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Instructions:					
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Drafting History:					
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# DHFS

## Department of Health and Family Services 1999-2001 Biennial Budget Statutory Language Request September 11, 2000

Title: Children's Home and Community-Based Waiver

Ch 46.278

### **Current Language**

None

### **Proposed Change**

Request statutory authority to seek a children's home and community-based waiver (1915c) under the Medical Assistance Program. Suggested language is provided in the attachment.

## Effect of the Change

- The proposed waiver would be offered to children and families currently receiving services through the Family Support Program, COP, other waivers and Medicaid fee-for-service.

  Any new funds appropriated for children's services would operate within this new framework. Counties could also serve new children and families if they are able to provide additional local match funding.
  - The waiver would define children who are at an institutional level of care with physical, sensory, developmental and significant health care needs as eligible. This waiver would be offered to participants of other waivers as a transfer option.
- New services added under the waiver would be available only to children.
- The waiver would also provide the possibility of serving children who have severe disabilities, but who do not meet the developmental disability criteria. The current waivers are written for persons who are "mentally retarded" and may not allow for other disabilities, such as some types of autism or a physical disability such as a degenerative nerve disorder.
- The proposed waiver would permit blending of currently fragmented services and funds.
- The waiver would maximize currently unmatched GPR by securing federal matching funds. The state and counties would be able to use current funding, such as FSP, COP or Community Aids as match for federal dollars thereby using existing service dollars to leverage additional funding through MA federal match. A local match option would also be included as part of the waiver.

### Rationale for the Change

Differing federal and state legislation and requirements govern each of several programs serving children, including the Family Support Program (FSP), COP and home and community-based waivers (CIP 1A, CIP1B and BIW). Eligibility criteria, entitlement, point of entry, allowable services and qualified providers vary across the programs. This has resulted in a complex, fragmented and inefficient system of long-term supports. There are currently 3,000 children on waiting lists for these services. Some of these children do not have access to needed community supports. Other may be accessing more expensive services through Medicaid or in costly institutional or foster care settings. In 1997, a Children's Redesign Committee was appointed by the Secretary of the Department of Health and Family Services to design an improved system of services and supports for children with long-term care needs. The proposed waiver is part of this redesign process.

**Desired Effective Date:** 

Upon passage of the budget ·

Agency:

**DHFS** 

**Agency Contact:** 

Lisa Kelly

Phone:

266-5364

#### Attachment --

(1) Children's Long Term Support Redesign

1.

(a) The department of health and family services shall, as soon as possible before July 1, 2002, seek waivers of federal medical assistance statutes and regulations from the federal department of health and human services that are necessary for pilot sites to implement the children's long-term support committee's model redesigning the current system of care for children with disabilities and their families, statutes as created by this act, would have all of the following characteristics:

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Medicaid coverage of services under waiver programs under sections 46.985, 46.27 (11), 46.275, 46.277, 46.278 and 51.44 of the statutes would be expanded to include children with severe disabilities and long term care needs, as well as Medicaid eligible children with high medical costs, and to include services focused on children and families needs.

The administration of this program will be consistent with 46.985, including a family-centered assessment and planning process.

The home and community-based waiver will operate within rate tiers based upon a child's level of care and support needs. This will be defined in administrative code, as allowable under federal home and community-based Medicaid waiver regulations. Supports and services will be coordinated with the Medicaid feefor-service system including improved coordination with the prior authorization process.

5. The lead agency will meet the definition of an "administering agency" prescribed in 46.985(2)(a) namely, a county department, or a human service agency that administers the program under a contract with a county department.

6. Counties in which the pilot sites are located would provide or contract for the provision of, organize or arrange for long-term care supports to eligible children up to age 24 years, consistent with 46.985(1)(b) and 46.985(6)(f).

7. Information and assistance services operated by pilot sites would be required to provide, contract or arrange for the provision of services specified below:

- (a) Information and referral services and other assistance at hours that are convenient for the public.
- (b) Within the limits of available funding, provide prevention and intervention services.
- (c) Counseling concerning public and private benefits programs.
- (d) Assistance with understanding child and parent rights within the long-term care system.

- 8. Determine functional and financial eligibility for the children's long-term support waiver by coordinating with the department of health and family services, completing the following:
  - (a) A determination of functional eligibility for the children's longterm support benefit
  - (b) A determination of financial eligibility and of the maximum amount of cost sharing required for a family who is seeking long-term care services, under standards prescribed by the department.
  - (c) Assistance to a child and their family who is eligible for the children's long-term support benefit with respect to the choice of whether or not to participate in the waiver pilot.
  - (d) Assistance in enrolling in a waiver pilot for families who choose to enroll their children.
- 9. The cost of the program would not exceed the cost of relevant aspects of the existing services programs noted above.
- 10. Pilot sites would be required to blend the costs per child served in the areas of the sites under sections 46.985, 51.44, 46.27 (11), 46.275, 46.277 and 46.278 of the statutes.
- 11. The department of health and family services will develop a methodology to distribute funding to pilot sites on a per child per month basis.
- 12. Reinvest any funding saved by this new methodology into the children's long-term support system.
- 13. Equitable assignment of priority on any necessary waiting lists, consistent with criteria prescribed by the department, for children who are eligible for the children's long-term support benefit, but for whom resources are not available.
- 14. Transitional services to families whose children with physical or developmental disabilities are preparing to enter the adult service system.
- 15. A determination of eligibility for state supplemental payments under 49.77, medical assistance under s.49.46, or the federal food stamp program under 7 USC 2011 to 2029.

If the federal waivers specified under paragraph (a) are approved, the department of health and family services shall as soon as possible before July 1, 2002, seek enactment of statutory language, including appropriation of necessary funding, to implement the model described under paragraph (a), as approved under the federal waivers.



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# State of Misconsin 2001 - 2002 LEGISLATURE

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DOA:.....Fossum - Chidren's home and community-based waiver

FOR 2001-03 BUDGET — NOT READY FOR INTRODUCTION

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AN ACT ...; relating to: the budget.

# Analysis by the Legislative Reference Bureau HEALTH AND HUMAN SERVICES

MEDICAL ASSISTANCE

Currently, individuals who are physically or developmentally disabled, elderly, chronically mentally ill, or chemically dependent may be eligible to receive certain health care services under one or more programs administered by DHFS. Several of these programs are operated under the medical assistance (MA) program. The long-term support community options waiver program (COP-W), which provides home and community-based care to elderly and disabled individuals who meet certain eligibility criteria, and three community integration programs (CIPs), which provide home and community-based services to individuals who are relocated from institutions, such as state centers for the developmentally disabled and nursing homes, or who meet the criteria for reimbursement under MA for nursing home care, are operated as part of the MA program. The family support program, which provides assistance, including home and community-based services, to families with a disabled child, and a program which provides early intervention services to certain eligible children, are not part of the MA program and are funded with general purpose revenue (GPR).

This bill requires DHFS to request a waiver of federal medical assistance laws from the federal department of health and human services to provide to disabled individuals who are under 24 years of age, as part of the medical assistance program,

MA

the services that are offered under the family support program and early intervention program. In addition, the bill requires DHFS to request a waiver to provide to disabled individuals under 24 years of age, and under one program, with unified administration and service delivery, the services offered under COP-W, CIPs, the family support program and the early intervention program.

For further information see the **state and local** fiscal estimate, which will be

printed as an appendix to this bill.

## The people of the state of Wisconsin, represented in senate and assembly, do enact as follows:

Section 9123. Nonstatutory provisions; health and family services.

- (1) CHILDREN'S HOME AND COMMUNITY-BASED WAIVER. The department of health and family services shall request a waiver of federal medical assistance statutes and regulations from the federal department of health and human services that are necessary to do all of the following:
- (a) Provide to disabled individuals under 24 years of age, as part of the medical assistance program, services that are available under \$3.46.985 and 51.44 of the statutes.
- (b) Provide to disabled individuals under 24 years of age, under one program, with uniform administration and service delivery, the services available under ss 46.27 (11), 46.275, 46.277, 46.278, 46.985 and 51.44 of the statutes.

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(END)

# DRAFTER'S NOTE FROM THE LEGISLATIVE REFERENCE BUREAU

October 11, 2000

### Gretchen Fossum:

Please note that this bill only requires DHFS to seek a waiver for the new program. If the waiver is granted, DHFS will still need specific statutory authorization to implement the program including authorization to expend MA moneys. Is this your intent?

Also, because this bill only requires DHFS to seek a waiver, most of the suggested language included with the drafting instructions is unnecessary.

If you have any questions or comments, please do not hesitate to contact me.

Ivy G. Sager–Rosenthal Legislative Attorney Phone: (608) 261–4455

E-mail: ivy.sager-rosenthal@legis.state.wi.us

# DRAFTER'S NOTE FROM THE LEGISLATIVE REFERENCE BUREAU

LRB-0462/1dn ISR:jld:rs

October 17, 2000

### Gretchen Fossum:

Please note that this bill only requires DHFS to seek a waiver for the new MA waiver program. If the waiver is granted, DHFS will still need specific statutory authorization to implement the program — including authorization to expend MA moneys. Is this your intent?

Also, because this bill only requires DHFS to seek a waiver, most of the suggested language included with the drafting instructions is unnecessary.

If you have any questions or comments, please do not hesitate to contact me.

Ivy G. Sager-Rosenthal Legislative Attorney Phone: (608) 261-4455

E-mail: ivy.sager-rosenthal@legis.state.wi.us

## Sager-Rosenthal, Ivy

From:

Fossum, Gretchen

Sent:

Tuesday, January 02, 2001 4:21 PM

To: Subject: Sager-Rosenthal, Ivy LRB Draft 0462/1

lvy:

I received your phone message on the MA entitlement relative to lines 6 through 8 on page 2 of LRB draft 0462/1.

Please revise the draft as follows:

- 1. Eliminate lines 6 through 8 in the draft.
- 2. Add a provision that requires DHFS, if it receives the waiver, to seek the statutory language necessary to implement the waiver within existing state, federal and county funds for services and state and county administration.

The intent of these changes is twofold. First, the Governor does not want to create another MA entitlement. Second, the Governor does not want an implementation of the waiver to necessitate the need for additional GPR funding.

If you have any questions on this request, please contact me at 266-2288.

Gretchen A. Fossum State Budget Office January 2, 2001



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# State of Misconsin 2001 - 2002 LEGISLATURE

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This bill requires DHFS to request a waiver of federal medical assistance laws from the federal department of health and human services to provide to disabled individuals who are under 24 years of age, as part of the MA program, the services

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	that are offered under the family support program and early intervention program.  In addition, the bill requires DHFS to request a waiver to provide to disabled individuals under 24 years of age, and under one program, with unified administration and service delivery, the services offered under COP-W, CIPs, the family support program and the early intervention program.  For further information see the state and local fiscal estimate, which will be printed as an appendix to this bill.
	The people of the state of Wisconsin, represented in senate and assembly, do enact as follows:
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3	and family services shall request a waiver of federal medical assistance statutes and
4	regulations from the federal department of health and human services that are
5	necessary to Mall of the following (no ff)
6	Provide to disabled individuals under 24 years of age, as part of the medical
7	assistance program, services that are available under sections 46.985 and 51.44 of
8	Cthe statutes
9	Provide to disabled individuals under 24 years of age, under one program,
10	with uniform administration and service delivery, the services available under
11	sections 46.27 (11), 46.275, 46.277, 46.278, 46.985, and 51.44 of the statutes.
12	(END)
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$\sqrt{}$	(b) If the department of health and family services receives the waiver under paragraph (a), the department shall seek enactment of statutory language to implement the waiver within the limits of available state and federal funds.
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This bill requires DHFS to request a waiver of federal medical assistance laws from the federal department of health and human services to provide to disabled individuals who are under 24 years of age, under one program, with unified

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- (b) If the department of health and family services receives the waiver under paragraph (a), the department shall seek enactment of statutory language to implement the waiver within the limits of available state and federal funds.

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# State of Misconsin 2001 - 2002 LEGISLATURE

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(END)